

# DEPARTMENT OF NATURAL RESOURCES AGREEMENT FOR VOLUNTARY SERVICES

## SECTION ONE

(TO BE COMPLETED BY VOLUNTEER)

NAME (Print or Type) \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_

Street number

City

State

Zip

Telephone

1. I have reviewed the description of work to be performed and amount of time required (see attached Work Description).
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the Department or I may cancel this agreement at any time by notifying the other party.
4. I give my permission for free use of my name, voice and picture in any media coverage of my volunteer service.
5. I hereby declare, to the best of my knowledge, I am in good physical health. I also understand the activities I will be performing may be physically demanding (see attached Work Description).
6. I understand that, if I am injured or involved in an accident while providing volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I understand I may be subject to a criminal record check or other background investigation.

***I hereby volunteer my services, as described in the Work Description, to assist the Department of Natural Resources in its authorized work.***

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Approval Signature of Parent/guardian if under 18*

\_\_\_\_\_  
*Date*

## SECTION TWO

*(To be completed by the Department of Natural Resources)*

While this agreement is in effect, the Department of Natural Resources agrees to:

1. Accept you as a State volunteer and recognize your rights under UCA 63-34 (9) (10) (11) (12).
2. Authorize you to work as a volunteer according to the attached Work Description.
3. Reimburse your pre-approved actual volunteer related expenses; to the extent funds are available.
4. When applicable, authorize you to ride in, or operate a State motor vehicle. (A copy of valid Utah driver's license shall be attached to the Work Description form if the volunteer will be authorized to drive a vehicle while performing volunteer services.)

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office.

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Park Manager  
Title*

\_\_\_\_\_  
*Oct. 15, 2006  
Date*

\_\_\_\_\_  
*Print name and location of work site (Division/Office/Park/Facility)*

\_\_\_\_\_  
*4304  
Low Org*

I grant authorization to utilize the services of the volunteer as noted in the work description.

\_\_\_\_\_  
*DNR Executive (or designee) Signature*

\_\_\_\_\_  
*Date*

For myself and as the authorized representative of the agency chief executive.

\_\_\_\_\_  
*Director, Human Resources*

\_\_\_\_\_  
*Date*

## VOLUNTEER WORK DESCRIPTION

JOB TITLE: 2006 Bison Roundup Range Ride Participant

WORK LOCATION: Antelope Island State Park

DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands—use reverse side of form if necessary)

Range ride participants will assist in moving bison from the southern portion of Antelope Island to the holding facilities located on the north end of the Island. Horse riding experience is mandatory to participate in the Range Ride.

If volunteer will be operating a state vehicle, a copy of a valid Utah Driver's License must be attached.

### TIME REQUIRED

Hours per day (if appropriate): \_\_\_\_\_ Days of the week (if appropriate): \_\_\_\_\_

Total time commitment (hours, days, weeks, or months): \_\_\_\_\_

OTHER INFORMATION (Use reverse side of form if necessary):

### VOLUNTEER

- I have reviewed the description of the work to be performed and I am aware of the physical demands associated with that work.
- I agree to carry out the specified duties and work the time identified to the best of my abilities:

\_\_\_\_\_  
Volunteer Signature Date

### Emergency Contact (Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City State Zip

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

### SUPERVISOR:

Name and Title: Ron Taylor, Park Manager

Work Address: 4528 W 1700 S, Syracuse UT 84075

Work Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date  
Oct 13, 2006

### TRAINING (Use reverse side of form if necessary):

Required Subject: Range Ride orientation

Date Provided: \_\_\_\_\_

Required Subject: \_\_\_\_\_

Date Provided: \_\_\_\_\_

Other: \_\_\_\_\_

Date Provided: \_\_\_\_\_